

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 415

STATE FILE NUMBER

FILED OCT 2 1962

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST FRANCOIS</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>BONNE TERRE</b>  |   | c. CITY OR TOWN <b>RFD#3</b>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If not in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>   |   | d. STREET ADDRESS <b>NEAR FARMINGTON MO</b>  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>WALTER EASTON COLEMAN</b>  |   | 4. DATE OF DEATH <b>SEPT 23 1962</b>   |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>FEB 4 1897 65</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>SHIPPING CLERK</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday)<br><b>65</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>JEFFERSON COUNTY MO U S A</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>  |   |
| 13a. FATHER'S NAME<br><b>STEPHEN COLEMAN</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>JULIA BOYER</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>FLORENCE COLEMAN</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |   |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><b>MRS. WALTER COLEMAN</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Melastatic Carcinoma</b><br>Causes, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca Bronchial Tubes suspected</b><br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mos</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year,  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>Farmington, MO</b>   |  |   |
| 21. I attended the deceased from <b>May 1962</b> to <b>Sept 1962</b> and last saw him alive on <b>Sept 23/62</b>   |   | 22. DATE SIGNED<br><b>9-25-62</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>SEPT 26 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CATHOLIC CEMETERY STE GENEVIEVE MISSOURI</b>  | 23d. LOCATION (City, town, or country)<br><b>Farmington, MO</b>                       |
| 24. FUNERAL DIRECTOR<br><b>C H COZEAN FARMINGTON MO.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>Sept. 26 1962</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ether Rindloff</b>   |   |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

OCT 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*C. H. Cozear*  
4084

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Farmington Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.